

Global Fund Engagement

Strategic Goal 2, Objective 2:

Influence Global Fund financing and grant management policies through partner coordination and engaging community advocates

Overview of GF engagement

1. Advocacy support of the Global Fund replenishment

To contribute to a successful replenishment and making TB visible in the debate, in particular with regard to its global funding needs and gaps.

2. New Funding Model

Engagement with the Global Fund Board and secretariat to ensure optimal contribution to the development of the New Funding Model for TB and ensure proper assistance to countries for their applications for funding under the NFM;

3. Absorption of the existing TB pipeline funding

TB Situation Room

THANK YOU

Replenishment

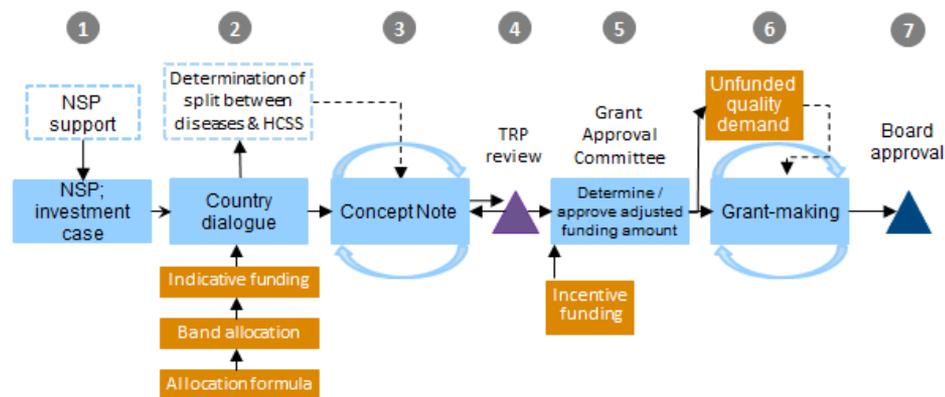
Role of the Partnership Secretariat:

- Accessing and analyzing relevant information on TB funding needs and translating them into clearly understandable messaging;
- Providing relevant information to partners
- Coordinating partners and ensuring coherent messaging

Progress so far:

- Demand estimation (9 country meeting jointly organized by TBP & GTB & GF)
- Joint replenishment advocacy - Brussels, Colombo, Paris
- Cost of inaction paper in collaboration with GFAN
- Replenishment-related messaging integrated into statements (e-alerts, speeches, meetings, articles)
- Work towards engagement of the Private Sector

Shaping the NFM



Role of the Partnership Secretariat:

- High-level advocacy for more ambitious country demands;
- Close inter-actions and information sharing with the Global Fund Secretariat at various levels
- Convening and rallying partners around key issues to amplify messages and enhance the voice of TB
- Engaging supportive Board/committee members to support the development of positions favorable to TB

Shaping the NFM

Progress so far:

- Partnering in the development of the NFM
 - Part of several consultations on NFM and related tools, investment framework for TB, modular approach for performance framework, concept note, HSS and CSS frameworks, etc.
- Inputs in the GF Board and SIIC on NFM
- Input into the work on new model for GF disease split, country allocation formula
- TB partners advise to the GF secretariat through the Disease Committee
 - Number of initiatives discussed and proposed
- Participation in Grant Approval Committee (GAC)

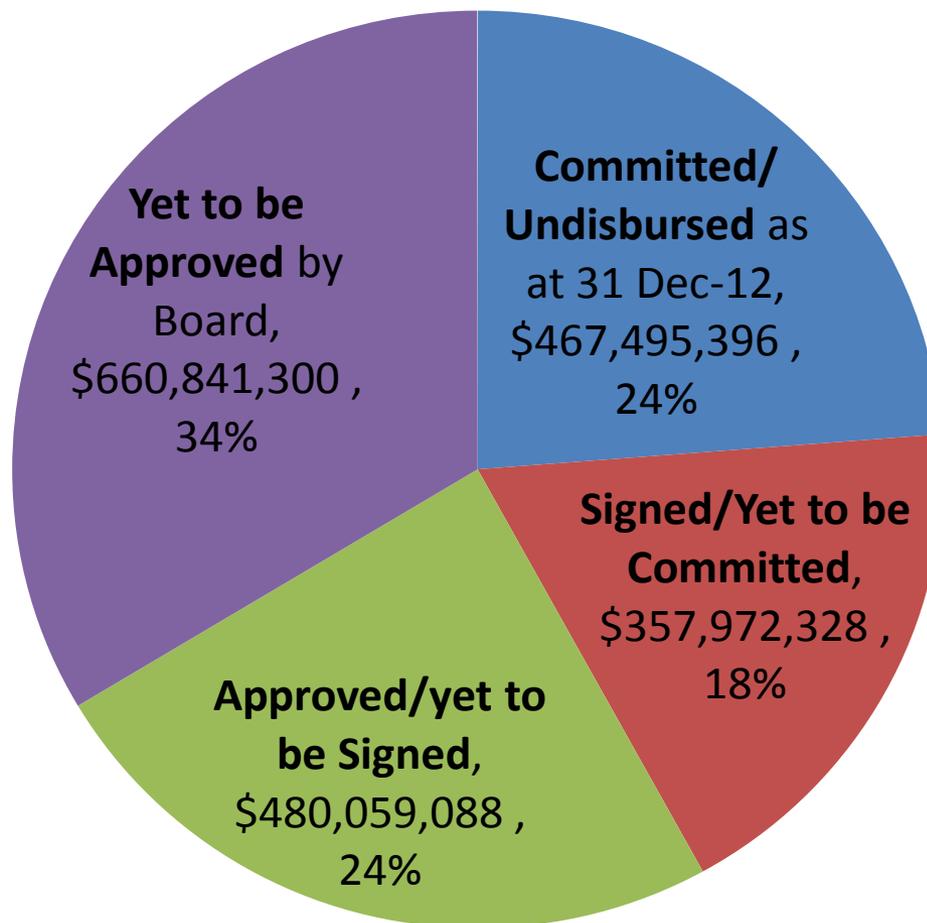
Absorption of the existing TB pipeline funds

Situation Room

- Harmonize with and strengthen the existing mechanisms of TBTEAM that coordinates TB related TA among partners.
- Facilitate “early warning” on technical, political, financial or administrative challenges faced by TB grants in countries in order to ensure that the best and most appropriate support is provided to the countries with the final aim of absorption of the existing TB pipeline.

The pipeline: \$1.97 billion GF existing commitments for TB 2013-14

Unprecedented opportunity to disburse for TB up to 1 billion USD per annum for 2013-2014. Currently less than half a billion is disbursed for TB per annum



Risk: If undisbursed will negatively impact allocation of new funds for TB

Next steps

- Continue advocacy on replenishment
- Continue to engage with the NFM
 - Adequate funding to TB and ensuring that the investments are in the right places
- Situation room
 - Engage multiple stakeholders and partners
 - Ensure the human resource for the TB Situation room TEAM
 - Create a dashboard of complete country GF profiles
 - Strengthen communication and partners engagement in knowledge sharing and engagement
 - Ensure engagement and involvement of civil society and communities representatives

Some reflections from the GAC

Capacity for absorption

Need for scale up and increased coverage

Board decisions on grants 2013

- By June 2013
 - 30 grants approved
 - 865 million USD total incremental amount approved
 - Distribution by disease (USD millions)

TB	335
Malaria	312
HIV	147
HSS	71

Stop TB Partnership

Positive experience: Country "A" in 2012

- HBC
- Initial submission was non-ambitious
- Pre-GAC discussions pushed the country to submit 2 additional ambitious scenarios
- One of the scenarios was funded and country also received additional funds under NFM
- Innovative reimbursement mechanism for SLDs worked out by USAID, GDF and GF prior to grant start date to address MDR-TB treatment waiting list

Country "B" in 2012

- NTP PR proposed 64% of max eligible amount
 - NTP PR had major issues in the first phase of grant
- CS PR proposed 78% of max eligible amount
 - Had good performance in first phase (A2)
- GAC requested civil society PR to submit a proposal of what they can achieve with additional \$10 million
 - PR responded and \$10 million was added and approved
- Issue: CCM could have submitted more ambitious proposal at the outset, at least for civil society PR

Country "C" in 2013

- HBC
- About 30 million underspent from phase 1
- Phase 2 targets not ambitious (especially TB/HIV & MDR)
- Proposal from country
 - Total budget phase II: 89% of Total Adjusted TRP Amount
 - Total incremental amount: 45% of Total Adjusted TRP amount
- Excellent pre-GAC engagement with partners
- GAC recommended increased budget, with increased targets on TB/HIV and MDR-TB
- Issue:
 - country lost about 30 million USD – could have lost more if GAC did not recommend increased budget and targets
 - absorption capacity and ambition levels

Stop TB Partnership Country "D" in 2012 & 2013

- HBC
- Historically underfunded country
- For phase 2 developed 3 scenarios for funding
- GAC supported the 3rd scenario (most ambitious one) but could not recommend because country felt that the MDR-TB target in the scenario was not possible to achieve (3rd scenario was for treating less than 50% of MDR-TB among notified TB patients)
- Issue: ambition level

Country "E" (2012-13)

- Small country in Africa
- Heavily dependent on external funding (>90%)
- Only 10% expenditure in phase 1 GF grant
- Could not procure any drugs in phase 1
 - Reason: could not submit satisfactory PSM plan
 - GDF first line drug grant came to the rescue
- First proposal to GAC was poor
- Re-submission was better
- GAC recommended incremental amount for phase-II, but was less than 50% of the maximum available
- Issue: low absorption in phase 1

- Small country in South America
- Last opportunity for GF grant because of increasing income levels
- GAC requested resubmission
- Re-submission was after a programme review but asked for a budget which did not require incremental funds from GF
 - First phase funds were enough to cover both phases
- Issue: ambition level even after a programme review

Issues for discussion

- Reflections on the work so far and future guidance
- To fully utilize the committed (pipeline) funds for TB; to prevent countries from losing funds during grant renewals; and to fully utilize the indicative allocations and the incentive pool of funds under the NFM:
 - How can we ensure more support and engagement from partners in TB Situation Room?
 - How can we ensure full expression of the need in the NSP and in GF concept notes to best utilize the indicative allocations and compete for the incentive pool of funds
 - What are the enablers from a country-level perspective for scale up, universal access and increased absorption capacity?
 - How do we overcome the fact that TB programmes are more dependent on health system capacities which might be a challenge?

Stop TB Partnership

Suggestions for discussion on how to ensure that GF investments are in the right places and used for rapid scale up

- Revisit the country allocations
- Create special initiatives for helping countries for rapid scale up
 - For accessing rapid diagnostics
 - For accessing drugs for treatment
 - For accessing in-country support for implementation